

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

Ignatian Lay Volunteer Corporation

SCC ID NO: **F1771544**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

JOHN MCLAUGHLIN

131 GREAT FALLS ST

FALLS CHURCH, VA 22046

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 801 ST PAUL ST

CITY/ST/ZIP: BALTIMORE, MD 21202-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: FRANK DICELLO
TITLE: TREASURER
ADDRESS: 6417 31ST PLACE NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20015-

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OFFICER

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DIRECTOR

NAME: JOHN J MCLAUGHLIN
TITLE: SECRETARY
ADDRESS: 1019 SPRING HILL ROAD
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

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OFFICER

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DIRECTOR

NAME: WILLIAM B WHITAKER
TITLE: VICE CHAIRMAN
ADDRESS: 9716 BYEFORDE ROAD
CITY/ST/ZIP/CO: KENSINGTON, MD 20895-

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OFFICER

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DIRECTOR

NAME: RANDALL HALLETT
TITLE: DIRECTOR
ADDRESS: 2304 SOUTH 89TH COURT
CITY/ST/ZIP/CO: OMAHA, NE 68124-

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OFFICER

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DIRECTOR

NAME: MARY C MCGINNITY
TITLE: Executive Dir
ADDRESS: 801 ST PAUL STREET
CITY/ST/ZIP/CO: BALTIMORE, MD 21784-

NAME:	JAN ATTRIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	459 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511-		
NAME:	MATTHEW MCKENNA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	35 VALLEY ROAD		
CITY/ST/ZIP/CO:	BRONXVILLE, NY 10708-		
NAME:	CHARLIE CURRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	510 N CHURCH RD		
CITY/ST/ZIP/CO:	PO BOX 223 WERNERSVILLE, PA 19565-		
NAME:	JAMES CONROY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	THE JESUIT COLLABORATIVE		
CITY/ST/ZIP/CO:	300 NEWBURY STREET BOSTON, MA 02115-		
NAME:	CHARLES CLETUS HARTMAN, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	316 ST CLAIR AVE		
CITY/ST/ZIP/CO:	SPRING LAKE, NJ 07762-		
NAME:	EMILIE PAWSET GILLANDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8941 COLESBUTY PLACE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032-		
NAME:	JAMES HAGGERTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 13		
CITY/ST/ZIP/CO:	WALTON, NY 13856-		
NAME:	RICHARD DOWLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4990 SENTINEL DRIVE, #104		
CITY/ST/ZIP/CO:	BETHESDA, MD 20816-		
NAME:	FRANK HERRMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	140 COMMONWEALTH AVE		
CITY/ST/ZIP/CO:	CHESTNUT HILL, MA 02467-		
NAME:	MADELEINE KIRK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3230 WOODLEY RD		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20008-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHEILA SMITH DIRECTOR 335 E RANDOLPH, APT 3304 CHICAGO, IL 60601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERNIE LONG DIRECTOR 26651 ROOKERY LAKE DRIVE BONITA SPRINGS, FL 34131-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MCCOLLOCH DIRECTOR 2244 CARMEL VALLEY RD, STE B DEL MAR, CA 92014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WELLS DIRECTOR 123 PENARTH RD BALA CYNWYD, PA 19004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH ZINK DIRECTOR 600 SECOND STREET, #404 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D PAQUETTE DIRECTOR WISCONSIN PROVINCE SOCIETY OF JESUS 3400 W. WISCONSIN AVE MILWAUKEE, WI 53208-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA ROBERTS DIRECTOR 2443 39TH STREET, NW WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA SENANDER DIRECTOR 1600 WASHINGTON STREET, #321 WEST NEWTON, MA 02465-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ MARY C MCGINNITY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		<u>MARY C MCGINNITY, Executive Dir</u> PRINTED NAME AND CORPORATE TITLE	
		<u>10/28/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			